

CLAIMS ONLY								Application Number 10657027		Filing Date			
								Applicant(s)					
								* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1								51				
2		1							52				
3									53				
4		1							54				
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9		1							59				
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45									95				
46									96				
47									97				
48									98				
49									99				
50									100				
Total Indep	1								Total Indep				
Total Depend	4								Total Depend				
Total Claims	5								Total Claims				